



# Health Social Care and Sport Committee National Care Service (NCS) Bill Stage 2 Overview of proposed Scottish Government amendments

**This paper provides an overview of the Scottish Government’s proposed Stage 2 amendments.**

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# National Care Service Bill as introduced and Stage 1 consideration.

The [NCS Bill was introduced on 20 June 2022](#). A [SPICe briefing on the Bill](#) was published on 10 October 2022.

## Overview of proposed Stage 2 Scottish Government amendments ('the proposed amendments')

### Introduction

This background briefing is intended to provide an overview of the Scottish Government's proposed Stage 2 amendments to the National Care Service (Scotland) Bill to support the Health, Social Care and Sport Committee's scrutiny of those amendments in advance of formal Stage 2 proceedings.

The Health, Social Care and Sport Committee published its [Stage 1 report](#) on the general principles of the Bill on 22 February 2024. On 29 February 2024, the Parliament voted to approve the general principles of the Bill at Stage 1.

During its Stage 1 scrutiny of the Bill, the Health, Social Care and Sport Committee received notification of the Scottish Government's intention to propose amendments to the Bill at Stage 2, to reflect a consensus agreement it had reached with COSLA that the proposed National Care Service should be governed by a revised model based on shared legal accountability between Scottish Ministers and local government.

The Committee's Stage 1 report requested that the Scottish Government provide the draft text of its Stage 2 amendments in advance of formal Stage 2 proceedings to enable the Committee to take further oral and written evidence prior to those proceedings.

On 24 June 2024 the [Minister for Social Care, Mental Wellbeing and Sport wrote to the Committee](#) supplying the following package of documents from the Scottish Government:

[National Care Service \(Scotland\) Bill - draft Stage 2 amendments | Scottish Parliament Website](#)

[Read the Bill as Introduced marked up with proposed amendments \(1MB, pdf\)](#)

[Read the Bill as Introduced with side lined proposed amendments \(638KB, pdf\)](#)

[Read the list of draft Scottish Government Stage 2 amendments \(501KB, pdf\)](#)

[Read the updated Explanatory Notes \(302KB, pdf\)](#)

[Read the updated Memorandum \(522KB, pdf\)](#)

[Read the Public Bodies \(Joint Working\) \(Scotland\) Act 2014 marked up with proposed amendments \(339KB, pdf\)](#)

[Read the update on co-design of the National Care Service Charter \(240KB, pdf\)](#)

[Read the draft National Care Service Charter \(125KB, pdf\)](#)

SPICe published a blog the following week, providing an overview of the main proposed government amendments.

[Read a SPICe Spotlight blog on the Scottish Government's documents.](#)

On the same day (1 July 2024), a call for views on the Scottish Government proposed Stage 2 amendments to the National Care Service Bill was launched, which closed on 20 September. A total of 148 [Submissions were received](#) and are available on the Scottish Parliament website.

Please note that a number of inconsistencies and omissions are present in some of the documents provided by the Scottish Government on 24 June. For example, in the Adjusted Explanatory Notes, in paragraph 43, Section 26B is referred to as Section 28B, which isn't in the marked up Bill. Also, there appears to be a word missing in **p.61** of the NCS Bill marked up amended draft, Chapter 2, Powers to Modify Chapter 1 on the powers re the National Care Service Board, between 'further' and 'about':

“17(1) states: 17 “The Scottish Ministers may by regulations make further ...about the composition of the National Care Service Board and the appointment of its members.”

No Committee report will be written following these evidence sessions, but SPICe will produce a summary of both the written and oral evidence ahead of formal Stage 2 proceedings.

## **Outline of key proposals and revised policy intentions**

One of the key changes to Scottish Government policy on proposals for a National Care Service and hence the Bill as introduced is the change in accountability arrangements. These will be covered in most detail in the rearranged session with CoSLA and SOLACE on 8 October. However, it might be helpful to outline how the Scottish Government has sought to reflect its agreement with CoSLA on shared accountability arrangements for the proposed National Care Service in their revised proposals and

proposed Stage 2 amendments. ([The SPICe blog - The National Care Service Bill – the next chapter\(s\)](#)) provides a more detailed overview of the amendments and revised proposals.

The proposed amendments are nearly all in Part 1 Chapter 1, with a number of new sub-chapters and sections added. Chapters 2 – 6 of Part 1 would be removed. Parts 2, 3 and 4 of the Bill remain unchanged, but the Schedules have been modified.

- **The establishment of a National Care Service Board** (Chapter 1B and section 26B) which would provide national oversight and governance, while the statutory responsibilities of local authorities and NHS boards for staff and services would remain as they are. Paragraph 317 of [the revised Memorandum](#) highlights those aspects of governance via a national board and implications for local government that remain unclear:

“The Bill will affect local government in Scotland, primarily through the creation of the NCS Board and the new national shared accountability for social care and social work. The nature of the impact on local government from the establishment of the NCS will depend on decisions about scope of the NCS Board and its interaction with NCS Local Boards. It is not possible to fully quantify these impacts until decisions are taken on what services are to be included in the NCS. The Scottish Government will work with COSLA and SOLACE? to identify the implications at the appropriate time, and further impact assessment information will be developed alongside the relevant secondary legislation.”

New section 26B would give regulation-making powers to the Scottish Ministers to confer functions on the national board.

The Board would have a duty to comply with Ministerial directions and have regard to Ministerial guidance. The board would also have responsibility for monitoring and improvement through a ‘support and improvement framework’.

- **A return to the narrative of integration and amendments to the Public Bodies (Joint Working) (Scotland) Act 2014** which were absent from the original proposals and the Bill as introduced.

- Along with this, the Scottish Government states:

“There is a presumption in favour of integration where there is current inconsistency, and a consistent approach to delegation across Scotland is our aim. Specifically, this may mean that services should move from the ‘may be delegated’ category to the ‘must be delegated’ category in order to achieve that aspiration.”

This has implications for how social work services will function and have to be reorganised in relation to the provision of children’s services and justice social work services, where there is currently variation across Scotland because areas have been able to choose which, if any, of these services to delegate (see table below in Theme 5 which shows how each of the integration authorities has chosen to organise social work and children’s services).

- There would **only be one integration authority model (Chapter 1A)**, an Integration Joint Board. Highland alone opted for the Lead Agency model under the 2014 Act, so these amendments would have most effect on Highland Council and NHS Highland.
- **Current IJBs will be renamed National Care Service local boards (amended 2014 Act and Chapter 1A of Bill)** and they will report to the National Care Service Board – within the parameters of the shared accountability arrangements.
- **A National Social Work Agency (Chapter 1C)** will be established as an executive agency.
- **The role of the National Chief Social Work Adviser would be put on a statutory footing (Chapter 1C)** with the National Social Work Agency established as the body to support them.
- Section 14 (**Complaints service**) remains, and is included in new Chapter 1C ‘Functions of the Scottish Ministers in Relation to Care’. Under ‘Regulation-making powers’, ‘Information’ and advice’ has been added to section 13 **‘Independent advice, information and advocacy**. However, given the insertion of 26B, the assumption is that these functions, and responsibility for complaints, might be conferred on the National Service Care Board.
- **Many key and other aspects remain under discussion and require further work regarding the best legislative approach.** Some of these are set out by the Minister [in her letter of 24 June](#): Anne’s Law, Direct funding, inclusion of children’s services and Justice Social Work. Details regarding fair work and ethical commissioning also require further development, as do details on board composition.

## Expert Legislative Advisory Group

- [One of the Recommendations \(107\) of the Committee’s Stage 1 Report on the Bill](#) was to set up an Expert Legislative Advisory Group. A number of meetings were held by the group in 2024.
- A number of other stakeholders, [members of ELAG, also wrote to the Committee on 30 July 2024](#). The letter presents an overview of how the

Group operated as a forum for discussion rather than a co-design group, and expresses some frustration that the reports from the Group seemed to suggest widespread support for some of the Scottish Government's proposed Stage 2 amendments when this was not necessarily the case. The text of the proposed amendments was not shared with the Group. The letter states:

"It is not immediately clear from many of the draft amendments to what extent feedback from ELAG members, or people with lived experience of social care have been reflected in their design."

## **Accountability and National Care Service Board**

[The updated Memorandum](#) accompanying the Scottish Government's proposed Stage 2 amendments reminds us that, following the introduction of the Bill, discussions held with CoSLA led to a shared accountability agreement whereby statutory functions would not be transferred to Scottish Ministers, and local authorities would remain legally responsible for the delivery of social work and social care support and would keep the staff and assets required for providing those services. NHS Health Boards would remain legally responsible for the delivery of community health services. This would leave current arrangements in place. As an alternative approach to the Bill as introduced, the proposed amendments would create a National Care Service Board through which accountability would flow, and national approaches would be generated.

Chapter 1B would establish a National Care Service Board and a 'general operating framework'. A schedule (at the end of the Bill) would make provision for its constitution and operation.

Sections 12E – 12M cover more provisions about the national board:

- 12 E Purpose of the National Care Service Board
- 12F Duty to comply with Ministerial directions.
- 12G Duty to have regard to Ministerial guidance.
- 12H Financing of the board (Ministers may provide such financial assistance as they consider appropriate)
- 12I and 12J Corporate plan
- 12K and 12L Improving care via having responsibility for monitoring and improvement via a support and improvement framework.
- 12M - Commissioning – this is about procuring goods and services for others – mainly NCS institutions, and is not about the commissioning process. Explicit reference to 'ethical commissioning' would be removed. However, the updated

Memorandum makes several references to ethical commissioning being a feature of NCS services. [See particularly paras 167 - 174](#)

## **National Care Service Board composition**

Under the Scottish Government's proposed Stage 2 amendments, the NCSB would have a chair and ordinary members, to be appointed by the Scottish Ministers, who could also determine the terms and conditions of membership, (see new schedule 2c – NCSB constitution and general operation). However, Scottish Ministers can only appoint members once they've exercised the relevant regulation-making power to allow them to do so. These regulations could specify the experience, criteria and qualifications required. Section 17 of the new schedule 2C provides quite a high level of detail on these criteria, as explained in the [Adjusted Explanatory Notes](#).

## **National Care Service Board Staff**

Part 5 of new schedule 2C provides that the first chief executive of the NCSB would be appointed by the Scottish Ministers, with subsequent chief executives appointed by the Board, but only with the Scottish Ministers' approval.

It is also provided that the Board would be able to appoint staff, under terms and conditions determined by the Board with the Scottish Ministers' approval.

[Annex A accompanying the Minister's letter](#) sets out a number of areas related to the proposed National Care Service Board, where the Scottish Government intends to reflect further:

- “how the board will link to other regulatory bodies in the health and adult social care system (for example the Care Inspectorate),
- suggestions about other stakeholders we should engage with,
- the best way to support lived experience board members,
- views that the board needed to have “teeth” so that it could hold other parts of the system to account,
- suggestions for the type of committees that we need to set up to support the board,
- the need for national priorities to be identified to direct the work of the different parts of the system.”

## **National Care Service principles**

Under the Scottish Government's proposed Stage 2 amendments, a number of the National Care Service principles would be amended. More detail has been added to

some, some have been added and some replaced. One new principle would be that people and carers would experience services as integrated.

In addition to changes in wording and additional principles, including some clarification on human rights, Section 1A would require a review of the principles within 5 years, which would involve consultation with the National Care Board, anyone they consider appropriate and individuals who use services or who work in NCS services. Section 1B would also allow Scottish Ministers to amend the principles by regulation.

## **National Care Service strategy**

Sections 1C – 1E cover a NCS strategy. Scottish Ministers must prepare such a strategy, covering what challenges they and NCS institutions should focus on. These institutions are defined as the NCS Board, local boards, health boards (integration functions only) and local authorities (integration functions only). The public and these institutions would be consulted, but this would not include the NCS board or local boards for the first iteration of the strategy.

The strategy would be reviewed every five years, unless a statement is issued by Scottish Ministers that a new strategy is not required.

## **Monitoring and Improvement**

Sections 12K and 12L cover the responsibility of a national care service board for monitoring and improvement. The amendments state that the board would monitor services, identify need for improvement and take action to implement improvement. It would do this with reference to the NCS strategy, the local board's strategic plan, and to a 'support and improvement framework. The wording suggests an escalation type framework, stating that: "the framework must describe, on a graduated scale, the actions the Board may take when it identifies a need for improvement"

## **Changes to integration arrangements**

The [updated Memorandum](#) accompanying the Scottish Government's proposed Stage 2 amendments states:

"There is a presumption in favour of integration where there is current inconsistency, and a consistent approach to delegation across Scotland is our aim. Specifically, this may mean that services should move from the may be delegated category to the must be delegated category in order to achieve that aspiration." (para.12)

The documents accompanying the Scottish Government's proposed Stage 2 amendments remind us of current integration arrangements:

“At present, local authorities have statutory responsibility for providing social care support, and Scottish Ministers, through NHS Health Boards, have responsibility for health care. Under the 2014 Act, and secondary legislation made using powers granted by that Act, local authorities and Health Boards work together as (Integration) Authorities, to manage a range of services collectively, including budgets. They are required to delegate certain functions (and budgets) to a local integration authority, and may delegate others.”

Under current arrangements, different integration authority areas could choose, to an extent, which services were delegated. Consistency in social work services in particular could, it is argued, become fragmented as a result of children’s and justice services being delegated to integration authorities in some areas but not in others.

Functions of local authorities that may be delegated are set out in an IJB’s Integration Scheme, as set out in [the Schedule in the 2014 Act](#). (see also table in Theme 5)

As the Committee heard during its pre-budget scrutiny on 3 September, sometimes these arrangements have not worked smoothly and, on the whole, budgets and services are not necessarily managed or agreed collectively or easily.

Cam Donaldson, who appeared before the Committee on 10 September as part of its scrutiny of the proposed National Outcomes, was co-author of [a short article about integration, which made the case for IJBs to be strengthened, and pointed out examples where its promise has been realised in Scotland, describing:](#)

“strengthening IJBs as a basis for a locality-based approach combined with place-based planning. Budgets could still be allocated to IJBs (or some other form of such) via a formula, but include greater accountability and responsibility for healthcare as well as social care resources... the promise of a combination of funding uplift and ring-fencing together with more comprehensive locality-empowered integrated care has actually been shown in emergency care and in reshaping care for older people in Scotland [11, 12]. If successful on a more-widespread basis, the prize would be treating people closer to home through re-allocating to social care the £1bn Scotland currently spends annually in hospitals for delayed discharges”

These and other issues related to integration of health and social care were also identified in the [Independent Review of Adult Social Care \(IRASC\), published in February 2021:](#)

- Inconsistency of user experience (“postcode lottery”)
- Complex and inconsistent governance arrangements
- Lack of national oversight and collaboration

- Lack of collaborative and strategic leadership
- Non-integrated budgetary and financial planning.”

The Scottish Government’s proposed Stage 2 amendments would amend the 2014 Act so that there is only one integration model. Existing integration joint boards would be renamed to become NCS local boards. The new boards would be accountable to a National Care Service Board, so changing the current governance arrangements and introducing a whole new tier of governance via the National Care Service board. Under the 2014 Act, Highland was the only area that opted for the ‘lead agency’ model of integration, instead of establishing an IJB (body corporate model). This means NHS Highland and Highland Council would be the most affected area in terms of the governance and structural changes brought about by proposed Stage 2 amendments to the Bill. These bodies would have to establish a new IJB under the terms of the amended 2014 Act.

Health and Social Care Scotland provide [a clear description of the arrangements and models provided for by the 2014 Act](#).

## **National Social Work Agency and Chief Social Work Adviser**

As part of the Scottish Government’s proposed Stage 2 amendments, new Chapter 1C, new section 26A requires the Scottish Ministers to designate one of its civil servants as the National Chief Social Work Adviser, who must be a registered social worker, and to re-organise other members of its staff into an executive agency to be called the National Social Work Agency.

In the [Scottish Government’s guide to public bodies](#), it describes Executive Agencies as:

“an integral part of the Scottish Government. They support Ministers in their work, focussing on delivering parts of Government business or providing a specialised function. They have well-defined remits which are aligned with and help deliver the Government’s purpose and objectives. They generally have a strong focus on the management and direct delivery of public services. However, our Agencies also, to one extent or another, provide strategic policy input. In some cases, our Agencies carry responsibility for a discrete area of Government policy and activity and thus work very closely with Ministers. Their staff are civil servants including the Chief Executive, who is directly accountable to Ministers.”

Other examples of Scottish executive agencies include Education Scotland, Social Security Scotland, Transport Scotland and the Scottish Prison Service.

## **Charter of rights and responsibilities and complaints**

Some considerable time and resource has gone into drafting the NCS charter of rights and responsibilities. [The initial proposals set out in the Bill appeared to follow the model of the NHS Charter of rights and responsibilities, as set out in the Patient Rights \(Scotland\) Act 2011.](#) However, since the 2011 Act was introduced, a charter has been co-designed to support Social Security Scotland. During Stage 1, it wasn't wholly clear whether a charter would follow the provisions in the 2011 Act or be more like the co-designed [Social Security Scotland charter, which does not include 'responsibilities'](#).

Section 11 of the Bill as introduced covers the NCS charter of rights and responsibilities. As part of the package of documents shared with the Committee in June, the Scottish Government has provided a [specific paper which shows the progress made so far in this piece of co-design work](#), along with a [copy of the draft charter](#).

Under the terms of the Bill as introduced, there is no intention to introduce any new rights or responsibilities. So, for example, currently there is no specific right for someone to receive care and support, but people do have a right to an assessment of their needs and means by social services, and social services have a duty to provide services and information for their populations.

The draft charter does not yet include any information on the complaints and redress service, only what information might be included to guide people through a process. It remains unclear how a complaints and redress service would operate in relation to the Care Inspectorate, Scottish Social Services Council, local authorities, NCS local care boards or the National Care Board. However, it is envisaged that the new single point of access system would remain under the jurisdiction of the Scottish Public Services Ombudsman.

Some of the evidence heard from stakeholders about the current system of complaints to social services highlighted a perception that local authorities were merely 'marking their own homework', with the result that complaints and issues weren't being dealt with.

## **Other areas still under discussion**

The marked-up Bill, showing the proposed Stage 2 Scottish Government amendments, and the updated Memorandum describe areas where issues remain under discussion, and include sections that have not been amended. The letter from the Minister

accompanying the Scottish Government's proposed Stage 2 amendments highlights four areas "where further work is needed to confirm which legislative approach would best deliver the intended changes". These are:

- Direct funding
- Inclusion of children's services
- Inclusion of Justice Social Work
- Anne's Law

### ***Anne's Law (Section 40 of the Bill)***

In the recently published [Programme for Government](#), the Scottish Government explicitly undertakes to deliver Anne's Law by the end of this Parliamentary term.

A number of submissions are focused specifically on the delay in introducing Anne's Law, and in what is being proposed in this regard.

The development of "Anne's Law" followed a petition to the Scottish Parliament on behalf of Care Home Relatives Scotland ([Petition PE1841: Allow a designated visitor into care homes](#)). This petition was lodged by Natasha Hamilton, who was unable to see her mother, Anne Duke, now deceased, for prolonged periods during the height of the pandemic.

In a letter sent to the Committee on 30 July, COSLA made clear that, while discussions are ongoing, they had:

"requested that Scottish Government reconsider publishing draft amendments for which no consensus has been reached between spheres of Government at this time. We wish to correct an error in the Minister's correspondence and clarify that COSLA did not request further time to consider amendments related to Anne's Law. COSLA has consistently expressed support for Anne's Law, recognising that care homes are people's homes, and that they should not be reduced to a clinical setting. COSLA continues to engage constructively with partners on the effective implementation of Anne's Law."

The Committee has subsequently received [correspondence from the husband of Anne](#), of Anne's Law, and [Care Home Relatives Scotland](#) in early September 2024, expressing concern about the lack of any progress with 'Anne's Law', as set out in section 40 of the Bill as introduced.

The Scottish Government, which [consulted on proposals in 2021](#), acknowledges more detailed concerns about the proposals, which are expressed in some of the submissions to the call for views.

“some individuals and groups have expressed concern that section 40, as introduced, does not explicitly reflect the core aims of Anne’s Law. Furthermore they have indicated that the direction-making powers in and of themselves appear to give powers to Ministers but not to residents and visitors and there is concern that Ministers could revoke visiting arrangements at any time.”

As an interim measure, the Care Inspectorate has set up the Meaningful Connection and Anne’s Law Project to support and promote the importance of all types of meaningful connection for people who live in adult care homes, and to help the sector prepare for Anne’s Law. [Two new Health and Social Care Standards were introduced in March 2022, pending implementation of Anne’s Law.](#) The standards are used by the Care Inspectorate in assessing services, and care homes are expected to meet these standards.

These are the new Standards:

- If I am an adult living in a care home and restrictions to routine visiting are needed to prevent infection, I can nominate a relatives/friends (and substitutes) to visit me. My nominated relatives/friends will be supported by the care home to see me in person day-to-day and to be directly involved in providing my care and support if that is what I want.
- If I am an adult living in a care home, I can nominate a relatives/friends (and substitutes), who will be supported by the care home to be directly involved in providing my day-to-day care and support if that is what I want.

### ***Inclusion of children’s services and justice social work***

[In her letter to the Committee, the Minister stated:](#)

“My preference continues to be, as set out in the Stage 1 debate, inclusion of children’s services, including children’s community health services, in the scope of the NCS in all parts of Scotland. Achieving this ambition requires progressive move towards consistent delegation of services across the country.”

With regards to justice social work, the Minister’s letter sets out her approach, again with an emphasis on consistency:

“Including justice social work in the National Care Service would therefore:

- Ensure that justice social work is aligned with the other areas of social work
  - Ensure the National Care Service Board is responsible for all justice social work services across Scotland
- Promote a joined-up approach for justice social work with other areas of social work, care, and community health Policy development on the inclusion of justice

social work is ongoing. So as not to pre-empt the outcome of those discussions, no proposed amendments relating to justice social work are included in this pack.”

In its letter to the Committee of 30 July, COSLA expresses disappointment that an amendment at section 35 (3A) “would set the scope of the National Care Service Board to include children’s services and justice social work services where these functions have been included within a local integration scheme.”

There is nothing in the revised Explanatory Notes that covers this new section, but the [Memorandum goes into detail about the rationale for bringing children’s services into the purview of the NCS](#) (paras 204-218), with the aim of making integration more consistent across the country, as well as aligning with other policies such as Getting it Right for Every Child (GIRFEC) and the Promise.

The [Scottish Government commissioned research on the impact of integrating or not justice social work services](#). The findings were inconclusive as to the advantages and disadvantages.

[CELCIS was commissioned, via an independent steering group to research the reform of children’s services](#) and has [published a number of papers on the subject](#).

The table below shows how social work services are currently delegated across the country:

Health and Social Care Partnerships (HSCPs): Delegated services beyond minimum requirements				
The table below shows which HSCPs have delegated services beyond minimum requirements to include children's health services, children's social care services, criminal justice social work and other services.				
	Children's Health Services	Children's Social Care Services	Criminal Justice Social Work	Other delegated
Aberdeen	✓	✗	✓	
Aberdeenshire	✓	✗	✓	
Angus	✗	✗	✗	
Argyll and Bute	✓	✓	✓	"All acute services"
Clackmannanshire and Stirling	✗	✗	✗	
Dumfries and Galloway	✓	✗	✗	"All acute services"
Dundee	✗	✗	✗	
East Ayrshire	✓	✓	✓	
East Dunbartonshire	✓	✓	✓	
East Lothian	✓	✗	✓	
East Renfrewshire	✓	✓	✓	
Edinburgh City	✗	✗	✗	
Falkirk	✗	✗	✗	
Fife	✓	✗	✗	
Glasgow City	✓	✓	✓	
Highland	Lead agency model. NHS Highland responsible for adult health & social care; Highland Council responsible for children's health & social care			
Inverclyde	✓	✓	✓	
Midlothian	✗	✗	✓	
Moray	✗	✓	✓	
North Ayrshire	✓	✓	✓	
North Lanarkshire	✓	✗	✗	
Orkney	✓	✓	✓	
Perth and Kinross	✗	✗	✗	
Renfrewshire	✓	✗	✗	
Scottish Borders	✗	✗	✗	
Shetland	✗	✗	✓	
South Ayrshire	✓	✓	✓	
South Lanarkshire	✓	✗	✗	
West Dunbartonshire	✓	✓	✓	
West Lothian	✗	✗	✓	
Western Isles	✗	✗	✓	

Source: [Health and Social Care Scotland](#)

## Direct funding

In her letter to the Committee, the Minister reiterated the Scottish Government's intention to give Scottish Ministers the power to directly fund reformed integration authorities for specific purposes. The letter argues that current arrangements:

“[lead] to variance across the country in terms of how services in the system are funded and, can lead to delays in getting funding to the frontline, as well as make it difficult to fully gauge the true nature of funding available for key priorities on a national scale.”

The letter goes on to inform the Committee that work is ongoing with statutory partners and finance experts on developing amendments in this area that would avoid any unintended consequences.

**Anne Jepson, Health and Social Care, SPICe Research**

**November 2024**